



OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

OFFICIAL PLAN OF RECORD

Maine Adult Use of Cannabis Program Specified Event Permit Application

Notice: In order for this application to be considered complete by the Office of Cannabis Policy (OCP), the applicant must submit this completed application, a completed Maine Adult Use Cannabis Program Specified Event Permit Local Authorization Form, a completed Maine Adult Use of Cannabis Program Specified Event Permit Property Owner Permission Form, copy of the licensee’s DACF Mobile License, if applicable, and the required permit application fee. The complete permit application shall be received by OCP not less than 30 days prior to the first day licensee intends to conduct retail sales at the specified event.

Section 1: Specified Event Permit Applicant Information			
This section is to be completed with information pertaining to the licensed Maine Adult Use retail store facility licensee seeking the permit.			
Legal Business Name:		License Number:	
Physical Address of Facility:		City:	State: Zip:

Section 2: Specified Event Specific Information	
A. Event Information	
Name of Event:	
<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	
Description of Event:	
B. Duration of Event	
If this is an event that will be not more than 10 consecutive days in duration, complete the “Event of Consecutive Duration” section below; if this is an event of up to 10 occurrences in duration that are less than 24 hours, occurring in the same calendar year, complete the “Event with Separate Occurrences” below.	
Event of Consecutive Duration: Provide below the start and end dates and times for the event:	
Start Date of Event: / /	End Date of Event: / /
Start Time of Event: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End Time of Event: : <input type="checkbox"/> AM <input type="checkbox"/> PM
Event with Separate Occurrences: Provide below the dates of each occurrence and start and end times each day.	
1) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM End: : <input type="checkbox"/> AM <input type="checkbox"/> PM

2) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End: : <input type="checkbox"/> AM <input type="checkbox"/> PM
3) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End: : <input type="checkbox"/> AM <input type="checkbox"/> PM
4) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End: : <input type="checkbox"/> AM <input type="checkbox"/> PM
5) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End: : <input type="checkbox"/> AM <input type="checkbox"/> PM
6) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End: : <input type="checkbox"/> AM <input type="checkbox"/> PM
7) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End: : <input type="checkbox"/> AM <input type="checkbox"/> PM
8) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End: : <input type="checkbox"/> AM <input type="checkbox"/> PM
9) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End: : <input type="checkbox"/> AM <input type="checkbox"/> PM
10) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End: : <input type="checkbox"/> AM <input type="checkbox"/> PM

C. Event Sponsoring Organization Information

Name of Organization Sponsoring Event:

Contact Name for Sponsoring Organization:

Contact Phone Number: Contact Email:

D. Event Location Information

Street Address: City: State: Zip:

Legal Name of Property Owner:

Mailing Address of Property Owner: City: State: Zip:

Property Owner Phone Number: Property Owner Email:

I have included the Maine Adult Use of Cannabis Program Specified Event Permit Local Authorization Form from the above municipality, or the property listed above is in the Unorganized Territory and local authorization is not needed.

The property listed above is private property, and I have included the Maine Adult Use of Cannabis Program Specified Event Permit Property Owner Permission Form, or the property listed above is not private property.

Section 3: Maine Adult Use Retail Store Facility Licensee Proposed Activities Information

A. Products Intended for Sale

Which types of adult use cannabis and cannabis products does the licensee intend to sell at the specified event?

Products Flower & Trim Concentrate

Topicals

Edibles*

Beverages*

*Licensees are required by DACF to have a “Mobile License” to be able to sell at events away from the licensed location. Please provide a copy of your mobile license with this application.

B. Date(s) and Time(s) Licensee Intends to Sell Cannabis and Cannabis Products at the Specified Event

Start Date: / / End Date: / /

Start Time: : AM PM End Time: : AM PM

C. Employee Coverage

How many employees will be required to work at any one time at the specified event?

D. Diagrams of Permitted Premises

- Attach a diagram of the layout of the location of the specified event, including:
 - A diagram of the specified event that indicates where the permitted premises will be located;

- (b) An indication of any areas at the specified event that will be designated for attractions or activities primarily for the benefit of minors; and
 - (c) Legal ingress on the property from the closest maintained public way.
2. Attach a diagram of the layout of the permitted premises, including:
 - (a) All limited access areas (limited access area means an area within the permitted premises where a licensee is authorized to store for sale adult use cannabis and adult use cannabis products);
 - (b) Display areas;
 - (c) Square footage of the permitted premises;
 - (d) Waste disposal area;
 - (e) Signage;
 - (f) Point of entry;
 - (g) Point(s) of ID checking;
 - (h) Windows and doors, designating which are lockable, if any;
 - (i) Alarm control panels and alarm sensors;
 - (j) Video cameras and surveillance storage devices;
 - (k) Fences;
 - (l) Lighting;
 - (m) Any other additional security measures.
 3. For clarity, the use of numbering, labeling, and/or a diagram legend or key should be used to incorporate the information requested.

E. Description of Permitted Premises and Activities

1. Describe the how the perimeter of the permitted premises will be fully enclosed, such as by a tent or other opaque structure.
2. Describe plans for refrigerating any cannabis products requiring refrigeration, including during transit to the specified event.
3. If the event extends for more than one consecutive day, describe plans to secure all cannabis and cannabis products offered for retail sale at the permitted premises.

Section 4: Security Measures

All licensees for a specified event permit must enact security measures to prevent the diversion of cannabis or cannabis products that are being stored, displayed or transported. Provide sufficient detail so that OCP may determine whether the requirements are met.

A. Lights

1. Does the permitted premises for the specified event have lighting sufficient for observers to see, and cameras to record, any activity within 10 feet of the entry point and exit of the permitted premises and within the permitted premises?
 Yes No
2. Describe lighting at the point of entry and exit of the permitted premises, and within the permitted premises.

B. Video Surveillance

1. Check each box below to confirm the following requirements are met and reflected in the permitted premises diagram and corresponding description(s) above.
 - Cameras must be permanently fixed inside each entry/exit point (perimeter and limited access area) to allow identification of persons entering the licensed or permitted premises and limited access areas, except that all required cameras for a specified event shall be securely affixed to any structure used to fully enclose the perimeter of the permitted premises.

- Cameras must be permanently fixed outside each entry/exit point (perimeter and limited access area) to allow identification of persons exiting the licensed or permitted premises and limited access areas, except that all required cameras for a specified event shall be securely affixed to any structure used to fully enclose the perimeter of the permitted premises.
- A sufficient number of cameras must be permanently fixed to allow the viewing, in its entirety, of any area where cannabis, cannabis concentrate, or cannabis products are stored or prepared for transfer or sale.
- A sufficient number of cameras must be permanently fixed to allow the viewing, in its entirety, of any area where cannabis waste is stored before being made unusable, or where cannabis waste is made unusable.
- Cameras, either mobile or fixed, must be maintained to allow recording of all sales conducted, must be sufficient to record the entirety of the transaction and to ensure identity of the purchaser.
- All surveillance recordings, including recordings made of the permitted premises at a specified event, must be kept for a minimum of 45 days on the licensee's recording device.

Section 5: Controlling Public Access to the Permitted Premises

1. Is the single entry point designed so that no minor is allowed entry to the permitted premises?
 Yes No
2. At which point will the licensee or licensee's employee check for a valid government issued form of identification:
 Prior to allowing access to the permitted premises designated for retail sales; and/or
 Prior to initiating a sale in the area of the premises designated for retail sales.
3. Are display cases lockable and secure to prevent the public from handling cannabis plants, cannabis or cannabis products without direct supervision of a licensee or employee?
 Yes No
4. Are counters of sufficient height to prevent the public from handling cannabis plants, cannabis or cannabis products without direct supervision of a licensee or employee?
 Yes No
5. Describe how product will be moved from storage in a limited access area to display cases to prevent the public from handling the cannabis plants, cannabis or cannabis products?
6. Describe all security measures taken to ensure compliance with the above requirements.

Section 6: Affirmations

I, _____, affirm that the entire Maine Adult Use of Cannabis Program Specified Event Permit Application, statements, attachments, and supporting documents are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed good cause for denial to issue a Specified Event Permit by the OCP.

I understand and acknowledge that the applicant and its agents, officers, directors and employees are responsible for knowing and complying with all state laws and rules governing the Maine Adult Use of Cannabis Program.

I understand that a Specified Event Permit is valid for only the event and dates as described on the permit and a new permit must be obtained for each individual event.

I understand I am responsible for notifying OCP, in writing, upon any change to the information supplied on this application.

I understand that revocation of my local authorization for this specific event equates to revocation of any permit

issued as a result of this application.

I understand that I may appeal an application denial pursuant to the Maine Administrative Procedure Act, 5 MRS, chapter 375 within 30 days of such denial.

Section 7: Fees

This application will not be considered complete until the fee is remitted by the applicant.

Specified Event Permit Application Fee: \$200.00

Cash and personal checks are not accepted by the Office of Cannabis Policy. Please submit a cashier's check or money order made payable to "Treasurer, State of Maine." Include name and AMS license number on the payment.

All fees are non-refundable.

Section 8: Signature – This application cannot be accepted without a signature

Any information contained within this application, including supporting documentation, or otherwise found, obtained, or maintained by OCP, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country. I agree that I have read and understand the affirmations provided above in Section 6.

Signature:

Date:

Printed Name and Title: